142

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) 7/25/2005-90095-023-\$150.00-\$150.00 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P03000060472 1. Entity Name R. A. NEWMAN & SON, INC. 05 AUG 26 PM 4: 42 Principal Place of Business Mailing Address 6331 CHISWICK COURT NEW PORT RICHEY FL 34655 6331 CHISWICK COURT NEW PORT RICHEY FL 34655 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 16-1671647 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EKREN, WAYNE K 1254 S. PINELLAS AVE. Street Address (P.O. Box Number is Not Acceptable) **TARPON SPRINGS FL 34689** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May 8e 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE Change Addition | NEWMAN, RALPH A II MALKE HAME 6331 CHISWICK COURT STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34655 CHY-ST-7IP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NEWMAN, JAMES W NAME NAME STREET ADDRESS 6331 CHISWICK COURT STREET ADDRESS CITY-ST-7IP **NEW PORT RICHEY FL 34655** CITY-ST-ZIP OTLE HRE SZT Delete ☐ Change ☐ Addition MANAG LILLE NEWMAN, MARTHA P STREET ADDRESS STREET ADDRESS 6331 CHISWICK COURT CITY-SI-ZIP NEW PORT RICHEY FL 34655 CITY-ST-ZIP DILE ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND THE OR PRINTED HAME OF SIGNANG OFFICER OR DIRECTOR

July 18, 2005 (727) 375-7900

August 23, 2005

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P. O. Box 6327 Tallahassee, Florida 32314

Subject: R. A. NEWMAN & SON INC.

Reference Number: P03000060472

We are writing to please request an abatement of the \$400. late fee penalty.

Please be advised that we had not received prior notice of the requirement of the corporate annual report statement.

Sincerely,

Ralph A. Newman II
Ralph A. Newman II

R. A. NEWMAN & SON INC.